

Evidence for addition of "usual residence
of deceased" and change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

00963

FILM NO. G 110 JUN 13 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

East New Market

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

Now long in hospital or Institution?.....

3. (a) FULL NAME

Anna S. Bargman

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Oct 11 1877

8. AGE:

Years
69

Months
7 0

Days
6

If less than one day

hrs. min.

9. Birthplace.....

(Town, county, and state) Germany

10. Usual occupation.....

House work

11. Industry or business.....

John Mettke

12. Name.....

John Mettke

13. Birthplace.....

Germany

14. Maiden name.....

Anna Benjamin Bargman

15. Birthplace.....

East New Market

16. Informant.....

East New Market

Address.....

17. Burial.....

Date thereof.....

(Burial, cremation, or removal. Which?) Cemetery

(month) (day) (year)

Cemetery or crematory.....

East New Market

Location.....

J. B. Meloughley.

18. Funeral director.....

Elizabeth C. Smith

Address.....

19. April 24 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County..... Dorchester

City or town.....

East New Market (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 21 1947, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 21 1947, to April 21 1947

and that I last saw her..... alive on..... April 21 1947

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

Essential Hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

W. Garrison MD

Hurlock Md

M. D. or other

Date signed 4/25/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

60961

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County

Dorchester

City or town

Reeds Grove

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John W. Bell.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white

single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 10 1870

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

77

1

0

hrs. min.

9. Birthplace

(Town, county, and state)

72nd

Md

10. Usual occupation

Grocery Store

11. Industry or business

William Bell

12. Name

William Bell

13. Birthplace

72nd

Md

14. Maiden name

Laura Lord

15. Birthplace

72nd

Md

16. Informant

Mrs Lewis Wright.

Address

Cambridge

17. Burial

(Burial, cremation, or removal which?)

Date thereof April 6 1947

(month) (day) (year)

Cemetery or crematory

Bennetts

Location

Brookview

18. Funeral director

F. B. Willow & Son

Address

East New Market

19. Date rec'd by registrar

April 6 1947

Date rec'd by registrar

20. Registrar

Charles Festinger

Signature

W. Harrison MD

Address

Hancock Md.

M. D. or other

Date signed

4/5/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Reeds Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 4 1947 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 27 1947 to April 4 1947

and that I last saw him alive on April 40 1947

Immediate cause of death

Coronary Thrombosis

Duration

4 hours

Chronic Myocarditis

1 yr +

General Arteriosclerosis 5 yrs +

2 weeks

Influenza-
contagious

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

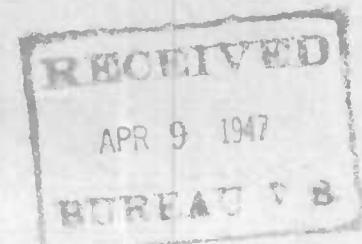
23. SIGNATURE

Hancock Md.

M. D. or other

Date signed

4/5/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *46m*

06962

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

entire life

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Wm. Joseph Bell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Married

6. (b) Name of husband or wife.....

Emily W. Bell

7. Birth date of

deceased (mo., day, yr.)

Oct 3 - 1864

6. (c) If alive, give age.....

70

years

8. AGE:

Years

Months

Days

If less than one day

82

5

29

hrs.

min.

9. Birthplace.....

Cambridge

(Town, county, and state)

10. Usual occupation.....

Waterman

11. Industry or business.....

Lerius Bell

12. Name.....

Cambridge

13. Birthplace.....

Margaret Ann

14. Maiden name.....

Cambridge

15. Birthplace.....

Mrs. Barton

16. Informant.....

Cambridge, Md.

17. Burial.....

Burial

Date thereof.....

4-4-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Dorchester Memorial Park

Location.....

Cambridge, Md.

18. Funeral director.....

Kenneth R. Thomas

Address.....

Cambridge, Md.

19. (Date rec'd by registrar).....

4/4/1947

John Macfarlane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

327 W. Main St.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 2 1947 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 9, 1946 to April 2, 1947

and that I last saw him alive on April 1, 1947

Immediate cause of death.....

Inanition

Due to.....

Carcinoma of

gastro-intestinal tract

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE.....

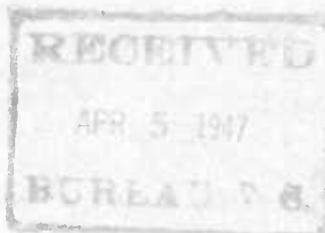
Lawrence Morganow M.D.

Address.....

136 Race St.

M. D. or other

Date signed 4/3/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

00964

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County

Dorchester

City or town

Dorchester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution? 4 days

3. (a) FULL NAME

Gilda Leura Cook Bradley

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Earl N. Bradley

48

7. Birth date of deceased (mo., day, yr.)

Aug -25- 1902

6. (c) If alive, give age years

8. AGE:

Years 44 Months 7 Days 27 If less than one day

hrs. min.

9. Birthplace

Cambridge

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

James Weber Cook

Star. Co.

FATHER

12. Name

James Weber Cook

13. Birthplace

Star. Co.

MOTHER

14. Maiden name

Roxanne Jones

15. Birthplace

Star Co.

16. Informant

Earl N. Bradley

Address

Cambridge Md.

Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge Md.

Funeral director

Kenneth R. Thomas

Address

Cambridge Md.

19.

(Date rec'd by registrar)

19.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Dorchester

County Cambridge

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 108 Rambler Road

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 22 47 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/18 47 to 4/22 47

and that I last saw h. E.R. alive on 4/22 47

Immediate cause of death

Right Cerebral Hemorrhage 3 days

DURATION

Due to

Hypertensive Cardiovascular

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

John Macpherson

M. D. or other

Address Cambridge Md. Date signed 4/22/47

M

I

●

●

●

RECEIVED

APR 28 1947

BERF

RECEIVED

APR 23 1947

BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

00966

Reg. Dist. No. 118

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yearsHospital, institution, or street address where death occurred: Near Reid's Grove

How long in hospital or institution?

3. (a) FULL NAME

Martha M. Davis

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Sylvester Davis6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

March 4 1862

8. AGE:

Years 85Months 1Days 26If less than one day
hrs. — min. —

9. Birthplace

Wicomico County, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Jeremiah Wallace

MOTHER FATHER

13. Birthplace Seal's Island, Maryland

MOTHER FATHER

14. Maiden name Sarah Deshields

MOTHER FATHER

15. Birthplace Wicomico County, Maryland

MOTHER FATHER

16. Informant

Minnie M. Davis

MOTHER FATHER

Address Rhodesdale, Maryland, P.T.D.

MOTHER FATHER

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 3 1947
(month) (day) (year)

MOTHER FATHER

Cemetery or crematory Reid's Grove Cemetery

MOTHER FATHER

Location Near Rhodesdale, Maryland

MOTHER FATHER

18. Funeral director A. J. Frampton & Son

MOTHER FATHER

Address Federalburg, Maryland

MOTHER FATHER

19. May 3 - 1947

(Date rec'd by registrar)

Chas. H. Hastings
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Reid's Grove

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 27 1947 to Apr 27 1947and that I last saw her alive on Apr 27 1947Immediate cause of death Nephritis, intestinal

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

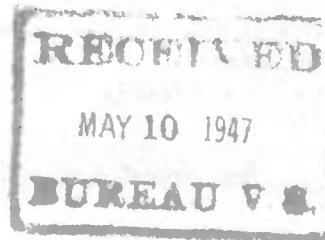
Means of injury

Injured at work?

23. SIGNATURE

P. D. Brown, M.D. or other

Address East Main Market St. Date signed 5/1/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9-2

06967

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 30 Years.
Hospital, Institution, or street address where death occurred:
..... Robbins Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Robbins Street
(If rural, give LOCATION)

3. (a) FULL NAME
Horace R. Dinsmore

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Isabelle Haddock

6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) Dec. 9, 1880

8. AGE: Years	Months	Days	If less than one day
66	3	4	hrs. min.

9. Birthplace..... Altoona, Penna.
(Town, county, and state)

10. Usual occupation..... Optometrist

11. Industry or business..... Optometry

MOTHER FATHER
12. Name..... Not Known

13. Birthplace.....

14. Maiden name..... Not Known

15. Birthplace.....

16. Informant..... Mrs. H. R. Dinsmore

Address..... Cambridge, Maryland.

Burial..... Date thereof. April 16, 194

(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Dorchester Memorial Park

Location..... Cambridge, Maryland

18. Funeral director..... LeCompte's Funeral Home

Address..... Cambridge, Maryland.

19. Date rec'd by registrar..... April 16, 1947

Registrar..... John M. Dinsmore

Signature.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 13, 1947, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death.....

Edema Myocarditis

Due to..... Arterio Sclerosis -

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. K. Shriver, D.P.M. Examin.

M. D. or other

Address..... Cambridge - Md. Date signed April 16, 1947

RECEIVED

APR 16 1947

61 READING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-18

06968

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

1 day

3. (a) FULL NAME

Ernest Gray

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Married

6. (b) Name of husband or wife.....

Myrtle Dailey

7. Birth date of

deceased (mo., day, yr.)

Nov. - 15 - 1886

6. (c) If alive, give age

58

years

8. AGE: Years

Months

Days

If less than one day

60

8

4

2

4

hrs.

min.

9. Birthplace.....

Gray's Island, DorCo.

(Town, county, and state)

10. Usual occupation.....

Waterman

11. Industry or business

Sammons Gray

12. Name.....

Gray's Island

13. Birthplace

Elias Gray

14. Maiden name.....

Gray's Island

15. Birthplace

Mrs. Myrtle Gray

16. Informant.....

Elliott, Md.

Address

Burial

Date thereof

(month) (day) (year)

(Burial, cremation, or removal, Which?)

Cemetery or -crematory

Freelylawn

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Stowers

Address

Cambridge, Md.

19. (Date rec'd by registrar)

19 47

John Mace Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Dorchester

Elliott

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

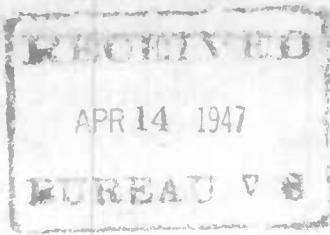
none

(If rural, give LOCATION)

2.(a) If veteran, name war.....

none

(none)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

00969

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lola N. Hall

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age

years

July 3- 1888

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Talbot Co. near Easton

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Wm. H. Clinton

MOTHER FATHER

12. Name

Talbot Co.

13. Birthplace

Mary Jane Jones

14. Maiden name

Talbot Co.

15. Birthplace

16. Informant

Howard Hall

Address

Cambridge Md.

17. Burial

Date thereof April 13 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery

Dorchester Memorial Park

Location

Cambridge Md.

18. Funeral director

Kenneth R. Shoucar

Address

Cambridge Md.

19. (Date rec'd by registrar)

John MacLeod

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 7 Cemetery Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-05-5055

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1947 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 28 1946 to April 10, 1947, and that I last saw her alive on April 8, 1947.

Immediate cause of death

Myocardial failure

Due to

Carcinoma of right breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Marano

M. D. or other

Address 136 Race St. Cambridge, Md. Date signed 4/12/47

RECEIVED

APR 16 1947

FBI - BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1940)

CERTIFICATE OF DEATH

Reg. Dist. No. 1000070116

1. PLACE OF DEATH:

County.....

City or town.....

Baltimore
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 weeks

Hospital, institution, or street address where death occurred.....

Cambridge Md. Hospital
2 weeks

How long in hospital or institution?.....

3. (a) FULL NAME

Oliver Hancock

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)

May 10 - 1885

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Highstown, N.J.

(town, county, and state)

10. Usual occupation.....

Farmer & dropper

11. Industry or business

Watson Hancock

MOTHER FATHER

12. Name.....

New Jersey

13. Birthplace.....

Sarah M. Holloman

14. Maiden name.....

New Jersey

15. Birthplace.....

Eunice Hancock

16. Informant.....

Address

Highstown, N.J. Rd. 1

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof 4-9-47

(month) (day) (year)

Cemetery

Location

East Windsor

East Windsor Township, N.J.

18. Funeral director.....

Address

Wm. J. Leyer

Highstown, N.J.

19. April 8- 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

New Jersey County Mercer

Highstown N.J.

(If outside city or town limits, write RURAL and give nearest town)

R. D. I.

(If rural, give LOCATION)

none ✓

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 7 1947 6:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 29 1947 April 7 1947

and that I last saw the deceased on April 7 1947

Immediate cause of death

Pleurisy and bronchi -
pneumonia.Due to Cardi renal vascular
disease with hypertension

Due to

DURATION

2 days

1 yr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

23. SIGNATURE

Alpha E. Barker, M.D.

M. D. or other

Address Date signed

RECEIVED

APR 9 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

CB 06971

Reg. Dist. No. 111

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

East New Market Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

one week

Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution?.....

3. (a) FULL NAME

French Anthony Stanley

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife.....

Decreasd

7. Birth date of deceased (mo., day, yr.)

March 25, 1865

6. (c) If alive, give age..... years

8. AGE:

82

Years

Months

Days

If less than one day

14 hrs. min.

9. Birthplace.....

West Virginia

(Town, county, and state)

10. Usual occupation.....

Fitted Produce Agent

11. Industry or business.....

Morange Stanley

12. Name.....

Margaret Brown

13. Birthplace.....

West Virginia

14. Maiden name.....

Mrs Edgar Stanley

15. Birthplace.....

East New Market Md

16. Informant.....

Burial

Date thereof.....

(month) (day), (year)

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory.....

East New Market

18. Funeral director.....

F. B. Willowhull

19. Address.....

East New Market

(Date rec'd by registrar) April 17 1947

Registrar Elizabeth C. Smith

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborns, infants give residence of mother)

State.....

Delaware

County.....

City or town.....

Seaford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Apr. 19 1947 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr. 19 1947 to Apr. 19 1947

and that I last saw h. 12 alive on Apr. 19 1947

Immediate cause of death.....

Coughing

Decomposition

DURATION

36 hrs.

Due to.....

Sensitivity

12 yrs.

Due to.....

La Grippe & Pleurisy

2 weeks

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did Injury occur?..... (City or town) (County) (State)

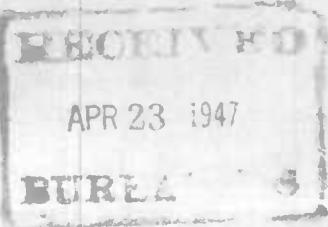
Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed Apr. 17 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

06972

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Baltimore
 County: Baltimore
 City or town: Arleys MD
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Nellie Grace Barker

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Herbert L. Barker Sr.

7. Birth date of deceased (mo., day, yr.): May 9, 1883 6. (c) If alive, give age: 99 years

8. AGE: 63 Years 10 Months 28 Days If less than one day: hrs. min.

9. Birthplace: Vienna, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER 12. Name: Francis P. Christopher

13. Birthplace: Maryland

14. Maiden name: Nellie Banning

15. Birthplace: Maryland

16. Informant: Herbert L. Barker Sr.

Address: Arleys, Md. Cambridge P.D.

17. Burial: Burial Date thereof: 4/10/47
 (Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year)

Cemetery or crematory: Cemetery

Location: East New Market Rd.

18. Funeral director: H.B. Shallow & Kelly

Address: East New Market

19. (Date rec'd by registrar): April 9, 1947 John MacLeod, Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Baltimore
 City or town: Arleys
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: _____

(If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7, 1947 at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/4 to 19. 46, 4/7 to 19. 47, and that I last saw her alive on April 5, 1947.

Immediate cause of death: Arterio-sclerotic Heart Disease
 DURATION: Unknown

Due to: Heart Block.

Due to: _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: John MacLeod M. D. or other: _____

Address: 136 Cambridge Rd. Date signed: 4/7/47

RECEIVED

APR 11 1947

BUREAU OF LABOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

06973

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

Baltimore
Bucktown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Edward Pastfield Hughes

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored married

6. (b) Name of husband or wife

Miner Hughes

7. Birth date of

deceased (mo., day, yr.)

Sept. 20 - 1853

6. (c) If alive, give age 70 years

8. AGE:

Years
94

Months

Days

It less than one day

hrs. min.

9. Birthplace

Bucktown Md.

(Town, county, and state)

10. Usual occupation

Palmer

11. Industry or business

MOTHER FATHER

John Hughes

13. Birthplace

Baltimore

14. Maiden name

Mary Hughes

15. Birthplace

Bucktown, Baltimore Md.

16. Informant

Miner Hughes

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof April 11, 1947

(month) (day) (year)

Cemetery or crematory

Hughes Mission

near

Bucktown, Md.

Location

Bucktown, Md.

18. Funeral director

Rev. Lewis H. Dayman

Address

Cambridge Md.

4-10.

19. 4-7

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1947 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13, 1947, to April 7, 1947, and that I last saw him alive on April 1, 1947.

Immediate cause of death

Cerebral Hemorrhage

Due to Sev Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

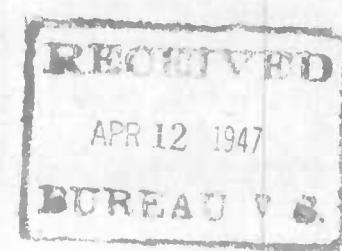
Means of injury

Injured at work?

23. SIGNATURE

Conrad M. C. L. M. D. or other

Address Dr. John Steffens Jr. Date signed 4-8-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16-2

CERTIFICATE OF DEATH

00995

Reg. Dist. No. 111

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Baby J. Fader.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

april 11 1947

8. AGE:

Years

Months

Days

If less than one day

1 hrs. min.

9. Birthplace

2nd

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

illard B. Fader

12. Name

illard B. Fader

13. Birthplace

2nd

14. Maiden name

Agnes J. Fader

15. Birthplace

2nd

16. Informant

John J. Fader

Address

East New Market

17. (Burial, cremation, or removal) Which?

Burial Date thereof: April 14 1947

(month)

(day)

(year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

J. P. Yellow Eyes

Address

East New Market

19. (Date rec'd by registrar)

April 17 1947

Elizabeth C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

East New Market

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

april 12 1947 at 20 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

april 11 1947 to april 12 1947

and that I last saw him alive on april 11 1947

Immediate cause of death: Tuberculosis

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

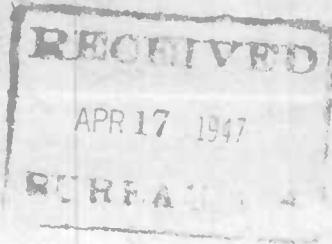
Injured at work?

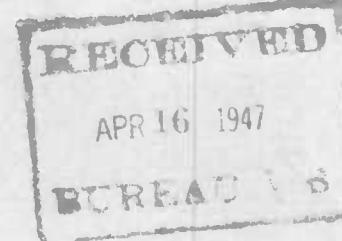
23. SIGNATURE

J. P. Kuhlman M. D. mother

Address

Sharptown Md Date signed 4/13/47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

06975

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 6 days

3. (a) FULL NAME

Oliver Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife Sarah Johnson

7. Birth date of deceased (mo., day, yr.) Feb 8 1909

6. (c) If alive, give age 65 years

8. AGE: Years Months Days If less than one day

38 - - hrs. min.

9. Birthplace Newton MD

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Anthony Johnson

13. Birthplace Newton MD

14. Maiden name Anna Schilder

15. Birthplace Newton MD

16. Informant Anthony Johnson

Address Newton MD

17. Burial, cremation, or removal. Which? Newton

Date thereof May 13 1947

(month day year)

Cemetery or crematory

Location Major Avenue Cemetery

18. Funeral director Lewis H. Benjamin

Address

19. Date rec'd by registrar May 19 1947 John Mac Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD Coutry Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 29 1947 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 23 1947 to April 29 1947

and that I last saw h. in alive on April 29, 1947

Immediate cause of death

Hemorrhage

Due to Acute glomerular nephritis

5 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

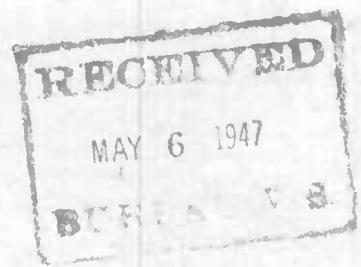
Means of injury Injured at work?

23. SIGNATURE Lawrence Maynard

M. D. or other

Address 136 Race St. Date signed 5/2/47

Cambridge, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

00976

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester
County

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years 10 months

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 3 years 10 months

3. (a) FULL NAME

Elmer E. Jones

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) November 16, 1862

8. AGE: Year	Month	Days	If less than one day
84	5	3	hrs. min.

9. Birthplace Church Creek, Dorchester County, Md. (Town, county, and state)

10. Usual occupation farm (chores)

11. Industry or business

12. Name Thomas L. Jones

13. Birthplace Church Creek, Md.

14. Maiden name Angeline Slacum

15. Birthplace Lakesville, Md.

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof 4/21/67
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity

Location Cambridge, Md.

18. Funeral director LeCompte Funeral Service

Address Cambridge, Md.

19. 4/21/67
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1947 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1943 to April 19 1947 and that I last saw h. im alive on April 18 1947

Immediate cause of death Bronchial pneumonia
Arteriosclerotic cardiovascular
heart disease

Due to Senile psychosis 1 year

Due to.....

Other condition.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

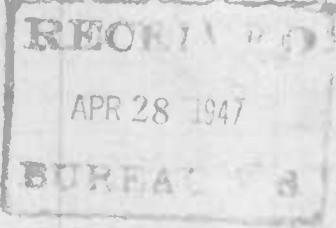
Injured at home, farm, Industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

Guy W. Branscombe, M. D. or other
Grace A. Branscombe, H. D.
Address Eastern Shore State Hos. Date signed 4-21-67
MLM



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15
9-45-2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99d

06977

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? 3 Hours

3. (a) FULL NAME

Henry W. Langrall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife Olevia Mills

(Died 4/1/1939)

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) Nov. 29, 1874

8. AGE: Years Months Days If less than one day

72 4 17 hrs. min.

9. Birthplace Bishops Head, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name William H. Langrall

13. Birthplace Maryland

14. Maiden name Rachel V. Murphy

15. Birthplace Maryland

16. Informant Mr. Harley M. Langrall

Address Cambridge, Maryland

17. Burial

Date thereof April 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 4-19-1947

(Date rec'd by registrar)

John M. J. m.d.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Cedar St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 16 1947 at 6:13 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept. 9 1947 April 16 1947
and that I last saw him alive on April 16 1947

Immediately (date of death):

Intestinal obstruction
Cause, unknown. Not due to external cause.

Due to

Due to

Other conditions Myocardial fibrosis
arterioclerosis, atherosclerosis
(Includes operations within 3 months of death)
also hypertension

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John E. Brinker M.D.
M. D. or other
Address 32 Race Street
Cambridge, Md.
Date signed 4-18-47

RECEIVED

APR 21 1947

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-7

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months, 14 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 6 months, 14 days

3. (a) FULL NAME

Drusilla Larrimore

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife William T. Larrimore

7. Birth date of

deceased (mo., day, yr.)

February 26, 1866

years

8. AGE:

Years	Months	Days	If less than one day
81	2	2	hrs. min.

9. Birthplace

Talbot County

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

MOTHER FATHER

Tobin Harper

13. Birthplace

Talbot County

14. Maiden name

Eliz. Jane Sewell

15. Birthplace

Talbot County

16. Informant

Eastern Shore State Hospital Records

Address

Cambridge Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 1 1947
(month) (day) (year)

Cemetery or crematory

Bogwell

Location

Bogwell Cemetery

18. Funeral director

J. Michael

Address

John. Mau'r

19. (Date rec'd by registrar)

4/29/47

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Talbot

City or town Bozman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 28,

1947

at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14, 1946, to April 28, 1947,

and that I last saw her alive on April 28, 1947.

Immediate cause of death

Arteriosclerotic cardio-vascular disease

DURATION

Due to

Due to

Other conditions Psychoses with cerebral arteriosclerosis
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John. Mau'r

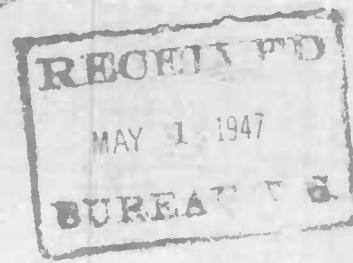
M. D. or other/

Address

E.S.S. Hospital

Date signed 4-29-47

Cambridge, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 111

06979

1. PLACE OF DEATH:

County

Dorchester

City or town

East New Market Rd.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

33 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John J. Lee

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 1, 1890

8. AGE:

Years

Months

Days

If less than one day

66

6

27

hrs.

min.

9. Birthplace

Linthwood, Dor. Md.

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Henry J. Lee

12. Name

Maryland

13. Birthplace

Maryland

14. Maiden name

Charlotte Stanley

15. Birthplace

Maryland

16. Informant

Emmett Lee

Address

East New Market, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 28, 1947

(month) (day) (year)

Cemetery or crematory

Hoopers Island

Location

"

18. Funeral director

F. B. Meloughley

Address

East New Market

19. (Date rec'd by registrar)

1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R. F. D.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 28, 1947, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 28, 1947, to April 28, 1947

and that I last saw him alive on April 25, 1947

Immediate cause of death

Coronary occlusion

Due to

Arterio sclerotic heart disease with

Due to

Bronchial asthma unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

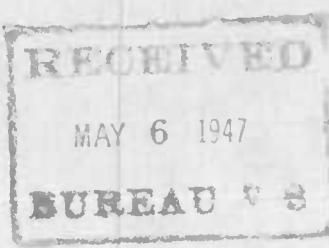
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURES

Lawrence Marjanov M.D. or other

Address 136 Rue St. Cambridge, Md. Date signed 4/29/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00980

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Worcester
 County: Madison, Md.
 City or town. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Effie Mae Light

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

Edwin D.

7. Birth date of deceased (mo., day, yr.)

Nov 26 - 1888

6. (c) If alive, give age years

8. AGE:

Years: 58 Months: 4 Days: 9 If less than one day

hrs. min.

9. Birthplace

Philadelphia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Joseph R. Dace

Philadelphia

Elizabeth Davis

Dorchester Co. Md.

Edwin D. Light

Philadelphia, Pa.

Address: Bourne

Date thereof: 5-6-1947

(Burial, cremation, or removal. Which?)

Cemetery: Arlington

Location: Delaware County, Pa.

18. Funeral director: Robert C. Rose

Address: Philadelphia, Pa.

19. Date rec'd by registrar: 4/5/1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pennsylvania County: Philadelphia

City or town: Philadelphia (If outside city or town limits, write RURAL and give nearest town)

Street No: 4700 Dawson St. (If rural, give LOCATION)

2. (a) If veteran, name war: none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10. 19. 19.

and that I last saw h. alive on

Immediate cause of death: Disease of Coronary Artery

Due to: Asthma

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

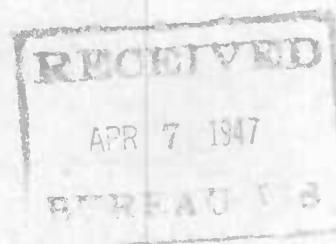
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr. K. Shire, D. M. D. or other

Address: Cambridge - Md. Date signed: Apr. 5/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

00981

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? entire

Hospital, institution, or street address where death occurred:

Dorchester Md. HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

Jean Oscille Messick

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemalewhiteMarried

6. (b) Name of husband or wife

Russell A. Messick

7. Birth date of deceased (mo., day, yr.)

July 26 - 19246. (c) If alive, give age 25 years

8. AGE:

Years

Months

Days

If less than one day

22 8 15

hrs.

min.

9. Birthplace

Cambridge

(Town, county and state)

10. Usual occupation

Shirt & Pants Sewing Factory

11. Industry or business

Rubber Dream

12. Name

Russell A. Messick

13. Birthplace

Md Co.

14. Maiden name

Evelyn Henry

15. Birthplace

Md Co.

16. Informant

Russell A. Messick

Address

Cambridge, Md.

17. Burial

Date thereof Apr 13-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Shewas

Address

Cambridge, Md.

19. Date rec'd by registrar

4-12-1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. 401 Peach blossom ave. (If rural, give LOCATION)

2.(a) If veteran, name war

2.(b) Social Security Number 218-16-8722

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1947 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1947 to April 11 1947and that I last saw her alive on April 11 1947

Immediate cause of death

Myocardial failureDue to InfluenzaDue to Influenza

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maynard

M. D. or other

Address 136 Race St Cambridge Date signed 4/12/47

RECEIVED

APR 16 1947

R. REA

Evidence for change of
birthdate shown on -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00983

FILM NO. G 109 APR 21 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
County: Smithville

City or town: Smithville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Wheatley
Garfield Mitchell

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Slyod, Mitchell

7. Birth date of deceased (mo., day, yr.) 12-6-1916 25 6. (c) If alive, give age years

8. AGE: Years 21 Months 4 Days If less than one day hrs. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Garfield Wheatley

MOTHER FATHER 12. Name Garfield Wheatley 13. Birthplace Md.

14. Maiden name Rena Ellis 15. Birthplace Md.

16. Informant Garfield Wheatley

Address Smithville Md.

17. Burial Date thereof april 13-47 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery Location Smithville Md.

18. Funeral director Sevins A. H. Henry Address Cambridge Md.

19. 4-12-1947 John Mae Jr. M.D. (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Smithville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1947, a. 74 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1947, to Death 1947
and that I last saw her alive on April 7 1947

Immediate cause of death Pulmonary Tuberculosis

ulcerative, tubercular DURATION 5 years

Due to:

Due to:

Other condition Emaciation 3 mos.

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Monroe M.D. M. D. or other

Address Cambridge Md. Date signed April 12, 1947

RECEIVED

APR 16 1947

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

00984

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cordtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 34 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Emily Brown Molock

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Negro Widowed

6. (b) Name of husband or wife.....

John Molock

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 21 1863

8. AGE:

Years

Months

Days

If less than one day

83 11 26

hrs.

min.

9. Birthplace.....

Lind's Road Dor. Co. Md

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

Home

12. Name.....

Peter Tilghman

13. Birthplace.....

Madison, Dor. Co. Md

14. Maiden name.....

Mahalia Wheatley

15. Birthplace.....

Madison, Dor. Co. Md

16. Informant.....

John Banks

17. Burial.....

Cambridge, Md.

Date thereof..... Apr 22, 47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Lind's Road Cemetery

Location.....

Lind's Road, Dor. Co. Md.

19. Funeral director.....

H. H. Bellair & Son

Address.....

Cambridge, Md.

19. (Date rec'd by registrar)

19.

Apr 21, 47

John Macfarlane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 17 1947 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 1947 to April 17 1947

and that I last saw her alive on April 17 1947

Immediate cause of death..... April 17 1947

DURATION

3 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

P. A. Taves

M. D. or other

Address..... Cambridge, Md. Date signed..... Apr 18, 1947

RECEIVED

APR 24 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

00985

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 Years

Hospital, institution, or street address where death occurred:

10 Virginia Ave.

How long in hospital or institution?

3. (a) FULL NAME

Charles Everett Montgomery

4. Sex

Male

5. Color or race

White

B. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife

Mary Ida Marshall

7. Birth date of deceased (mo., day, yr.)

Aug. 5, 1860

6. (c) If alive, give age years

8. AGE:

Years
86Months
8Days
13

If less than one day

hrs.

min.

9. Birthplace

Lakesville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

General Laborer

" "

11. Industry or business

12. Name

James Montgomery

MOTHER FATHER

13. Birthplace

Maryland

14. Maiden name

Adeline J. Montgomery

15. Birthplace

Maryland

16. Informant

Robert C. Montgomery

Address

Cambridge, Maryland.

17. Burial

Date thereof April 21, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

4/21/47

19 47

(Date rec'd by registrar)

John Macap

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947 at 9:50P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1946 to Apr 1947

and that I last saw him alive on Apr 17 1947

Immediate cause of death

Congestive Failure

Due to Auto accident because of disease

Due to

Other conditions Starvation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Macap M.D. or other

Address

Date signed Apr 21, 1947

RECEIVED

APR 24 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BE*

00986

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

238 Race St.

How long in hospital or institution? -

3. (a) FULL NAME

George W. Murrell

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Helen S. Buark-1893
Susie R. Simmons-11/9/1945

7. Birth date of deceased (mo. day, yr.) Dec. 27, 1859 | 6. (c) If alive, give age .. years

8. AGE: Years 87 | Months 3 | Days 25 | If less than one day . hrs. . min.

9. Birthplace Somerset County, Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Mercantile

12. Name Michael Murrell

13. Birthplace Maryland

14. Maiden name Sarah E. Murrell

15. Birthplace Maryland

16. Informant Mrs. Ottie Robbins

Address Baltimore, Maryland.

17. Burial Date thereof April 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar) 1/15/1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland | County Dorchester

City or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Hoopersville
(If rural, give LOCATION)

2. (a) If veteran, name war -

3. (b) Social Security Number -

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1947 to April 21, 1947
and that I last saw him alive on April 18, 1947

Immediate cause of death

Concussion heart failure
general weakness
Due to Arterio-sclerotic vascular disease?

Due to

Other condition American

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Murrell, M.D. M. D. or other
Address Cambridge, MD Date signed Apr 24, 1947

RECEIVED

APR 28 1947

FBI - BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

CERTIFICATE OF DEATH

00987

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year 6 mos. 28 ds

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? Cambridge 1 year 6m
28 ds

3. (a) FULL NAME

James Dix Neck

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Myrtle Mason

7. Birth date of deceased (mo., day, yr.) July 3 1883
6.(c) If alive, give age 50 years8. AGE: Years Months Days If less than one day
63 9 mos. 2 hrs. min.9. Birthplace..... Kingston, Somerset Cy. Maryland
(Town, county, and state)

10. Usual occupation..... Mechanic

11. Industry or business

12. Name..... John W. Nock

13. Birthplace..... Horntown, Virginia

14. Maiden name..... Teresa Stewart

15. Birthplace..... Baltimore, Maryland

16. Informant..... Hospital Records
Address Cambridge, Maryland17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Crisfield Md.

Location Crisfield Md.

18. Funeral director..... Howard H. Hubbard

Address Main St - Crisfield, Md

19. (Date rec'd by registrar) 4/4/47 John Macfarlane, M.D.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1947 at 10.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 1947 to April 3 1947
and that I last saw h. 1m alive on April 3 1947

Immediate cause of death.....

Chronic Myocarditis and Myocardial
Degeneration

Due to.....

Arteriosclerosis & Hypertension

Other conditions.....

Paranoid Condition

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

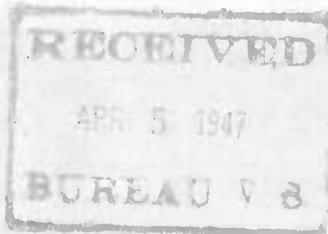
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.

Grace M. Branscombe M. D. or other

Address..... Cambridge, Md. Date signed 4/13/47



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

06988

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester
County
Crapo

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Robinson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Col Maryland

6. (b) Name of husband or wife

Matthew Rabson

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 65 years

1888

8. AGE:

Years Months Days If less than one day
59 0 0 0

hrs. min.

9. Birthplace

Crapo Md

(Town, county, and state)

10. Usual occupation

Laber

11. Industry or business

James Robinson

12. Name

Maevelyn

13. Birthplace

Matthew

14. Maiden name

Dorothy Eblatt

15. Birthplace

Crapo Md

16. Informant

Heber Rabson

Address

Crapo Md

17. Cemetery or crematory

Crapo Md

Date thereof April 16
(month) (day) (year)

Location

Crapo Md

18. Funeral director

Lewis H. Baynes

Address

Cambridge

4/15

19. 47

(Date rec'd by registrar)

19. 47

John Macmillan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1947 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13 1947, to April 13 1947

and that I last saw him alive on April 13 1947

Immediate cause of death Heart attack

10 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. H. Baynes

M. D. or other

Address Cambridge

Date signed April 15, 1947

RECEIVED

APR 16 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

00989

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

Goeden Street

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Joseph R. Shenton

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary A. Nemock

7. Birth date of deceased (mo., day, yr.)

Nov 9- 1871

6. (c) If alive, give age 69 years

8. AGE:

Years
75Months
4Days
26

If less than one day

hrs. min.

9. Birthplace.....

Goeden Street

(Town, county, and state)

10. Usual occupation.....

Carpenter

11. Industry or business

Ship building

12. Name.....

Charles R. Shenton

13. Birthplace.....

Goeden Street

14. Maiden name.....

Maggie A. Wallace

15. Birthplace.....

Goeden Street

16. Informant.....

Mrs. Mary A. Shenton

Address

Goeden Street, Md.

Date thereof. apr 7-1947

17. (Burial, cremation, or removal. Which?)

Burial

(month) (day) (year)

Cemetery

St. Mary's Catholic

Location.....

Goeden Street

18. Funeral director.....

Kenneth R. Shover

Address

Cambridge, Md.

19. Apr 5

1947

(Date rec'd by registrar)

James C. Meade
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Goeden Street

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION) house

2.(a) If veteran, name war.....

3. (b) Social Security Number

213-01-8086

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 5 1947 at 2:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15 1947 to April 5 1947

and that I last saw him alive on April 5 1947

Immediate cause of death

Coronary Occlusion

DURATION

Due to Coronary Artery Disease

1hr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James C. Meade M.D.

M. D. or other

Address Fishing Creek, Md. Date signed Apr 5/47

M

MARGIN RESERVED FOR BINDING

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RECEIVED

APR 8 1947

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00990

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Elliotts Island

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Elliotts Island

How long in hospital or institution?

3. (a) FULL NAME

Leonard Carroll Shorter

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

Nettie Ewell Died 1943

6. (b) Name of husband or wife

Stella Moore Shorter

(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

September 6, 1889

8. AGE: Years Months Days If less than one day

57 7 8 hrs. min.

9. Birthplace Seward, Dor. Md.

(Town, county, and state)

10. Usual occupation Waterman

sea-food

11. Industry or business

12. Name William Insley

13. Birthplace Seward, Md.

14. Maiden name Melicia Shorter

15. Birthplace Seward, Dor. Co. Md.

16. Informant Mrs. Stella Shorter

Address Elliotts, Md.

17. Burial Date thereof 4/15/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Methodist Churchyard

Location Elliotts, Md.

18. Funeral director Le Compte Funeral Service

Address Cambridge, Md.

19. April 10- 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Elliotts Island

(If outside city or town limits, write RURAL and give nearest town)

Street No. Elliotts Island

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1947, at 4: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

Immediate cause of death

Disease of Coronary Arteries

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed Apr. 14/47

RECEIVED

APR 18 1947

BLR 4 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Maryanov M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 200

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00991

1. PLACE OF DEATH:

County Dorchester

City or town Hudson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Hudson

How long in hospital or institution? -

3. (a) FULL NAME

Elizabeth Annie Smith

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Samuel R. Smith

Died 1932

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug. 20, 1874

8. AGE:

Years 72

Months 7

Days 26

If less than one day

hrs.

min.

9. Birthplace

Hudson, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Domestic

MOTHER FATHER

12. Name John Edward Spedden

MOTHER

13. Birthplace Maryland

14. Maiden name Margaret Ellen Seward

15. Birthplace Maryland

16. Informant

Mrs. Crosby Warfield

Address

RFD # 3, Cambridge, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 19, 1947

(month) (day) (year)

Cemetery or crematory Speddens Cemetery

Location James, Dor. Co., Maryland.

18. Funeral director

LeCompte's Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar)

1947

John Mace Jr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Hudson

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1947 a 6:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/8 1947 to 4/16 1947
and that I last saw h or alive on 4/8 1947

Immediate cause of death

cerebral hemorrhage 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Maryanov M. D. or other

Address 136 Race St. Cambridge Date signed 4/18/47

RECEIVED

APR 21 1947

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

06992

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 Years

Hospital, Institution, or street address where death occurred:

500 Race St.,

How long in hospital or institution? -

3. (a) FULL NAME

Ida Sard Smith

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife Samuel M. Smith

(Died 5/19/1944) 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1866

8. AGE: Years	Months	Days	If less than one day
80	3	21	hrs. min.

9. Birthplace Linkwood, Dor. Co., Md. (Town, county, and state)

10. Usual occupation. -

11. Industry or business. -

12. Name Thomas Sard

13. Birthplace Maryland

14. Maiden name Louise Twilley

15. Birthplace Maryland

16. Informant Mrs. James Meredith

Address Cambridge, Maryland

17. Burial Date thereof April 15, 1944
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 4/15/1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 500 Race St.

(If rural, give LOCATION)

2.(a) If veteran, name war. -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1947, at 47, 21 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

(Died 4/12/1947) 1947 to 4/12, 1947 and that I last saw her alive on April 12, 1947

Immediate cause of death

Rt. Cerebral Hemorrhage 5 days

Due to Arteriosclerosis

Due to Hypertension
Cardiovascular disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Macfie, M.D. or other
Address Cambridge, Md. Date signed 4/12/47

6

RECEIVED

APR 16 1947

BUREAU V 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

06993

CERTIFICATE OF DEATH

Reg. Dist. No. 64 116

1. PLACE OF DEATH:

County DorchesterCity or town Taylor's Island

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph M. Stevens

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Widowed

6. (b) Name of husband or wife

Mary M. Stevens

6. (c) If alive, give age. — years

7. Birth date of deceased (mo., day, yr.)

February 2, 1850

8. AGE:

Years

Months

Days

If less than one day

97

2

12

hrs.

min.

9. Birthplace

Talbot County, Maryland

(Town, county, and state)

10. Usual occupation.

Retired

11. Industry or business

Clergyman

MOTHER FATHER

12. Name

Charles Wesley Stevens

13. Birthplace

Maryland

14. Maiden name

Eliza Anna Harris

15. Birthplace

Maryland

16. Informant

Rev. Joseph G. Stevens

Address

Taylor's Island, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 17, 1947

(month) (day) (year)

Cemetery or crematory

Skinner's Run Cemetery

Location

Near Williamsburg, Maryland

18. Funeral director

J. J. Brampton & Son

Address

Federalburg, Maryland19. April 17, 1947

(Date rec'd by registrar)

S. J. Brampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Federalburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Skinner's Run

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 14, 1947 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1947 to April 18, 1947 and that I saw him alive on April 14, 1947

Immediate cause of death

Congestion Heart Failure

DURATION

2 weeks

Due to

Artery occlusion

?

or

anemia

?

Due to

Prostatitis

?

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James A. Deacon, M.D.

M. D. or other

Address WachuckDate signed April 18, 1947

RECEIVED

APR 28 1947

BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

06994

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester County
 City or town: Rural - Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?: life

Hospital, institution, or street address where death occurred:

at home - Drawbridge

How long in hospital or institution?:

3. (a) FULL NAME

James Ricker Thomas

4. Sex:

Male

5. Color or race:

Negro

6. (a) Single, married, widowed, or divorced:

Single

B. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.): August 15, 1946

6. (c) If alive, give age: years

8. AGE:

Years: 8	Months: 15	Days: 15	If less than one day: hrs. 0	min. 0
----------	------------	----------	------------------------------	--------

9. Birthplace:

Cambridge, Dorchester, Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

12. Name: Samuel Daniel Thomas

13. Birthplace: Bucktown

14. Maiden name: Annie Elizabeth Thompson

15. Birthplace: Aireys, Maryland

16. Informant:

Address: Burial

17. (Burial, cremation, or removal. Which?) Date thereof: May 1, 1947
 (month) (day) (year)

Cemetery or crematory: Rock Town

Location: Near Cambridge, Md.

18. Funeral director: Lelvius H. Bayne

Address: Cambridge, Md.

19. (Date rec'd by registrar) May 2, 1947 John Macfarlane
 (Date signed) May 3, 1947 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester
 City or town: Rural - Cambridge
 (If outside city or town limits, write RURAL and give nearest town)Street No.: Drawbridge
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number:

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30 1947 at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 1947 to April 30 1947

and that I last saw him alive on April 29 1947

Immediate cause of death:

Bronchopneumonia DURATION: 10 days

Due to: Probable Influenza

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings or operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

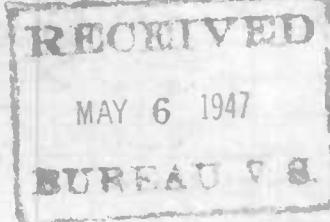
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: West Harrison MD M. D. or other

Address: Hurlock, Md. Date signed: May 30, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (310)

00006

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Fishing Creek

How long in hospital or institution?

3. (a) FULL NAME

Walter L. Tolley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Mary Parker Tolley

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 3, 1870

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Samuel Tolley

13. Birthplace Maryland

14. Maiden name Not Known Eliza Wallace

15. Birthplace Maryland

16. Informant Mrs. Carlton Phillips

Address Fishing Creek, Maryland

17. Burial Date thereof April 6, 1947
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Hoosier Memorial Church Cem.

Location Fishing Creek, Dor. Co., Md.

18. Funeral director LeCompte Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar) Apr 1947

Signature James W. Meade

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1947 at 9:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1945 to April 3, 1947
and that I last saw him alive on April 2, 1947

Immediate cause of death

Cardio. Renal. (Renal)
disease

DURATION

15 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

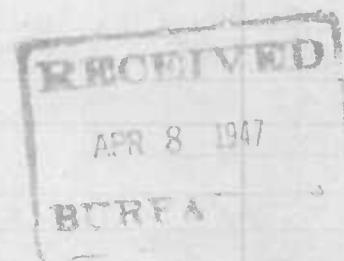
Injured at work

23. SIGNATURE

James W. Meade M.D.

M. D. or other

Address Fishing Creek, Md. Date signed Apr 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

00997

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 years 11 mos. 17 ds.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 2 years 11 mos. 17 ds.

3. (a) FULL NAME

Frederick Mercyllus Webster

3. (b) Social Security Number
none

4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Single
----------------	---------------------------	-------------------------------------------------------

6.(b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)..... August 24 1910

6.(c) If alive, give age..... years

8. AGE: Years
36 Months
7 Days
13 If less than one day
 hrs. min.9. Birthplace..... Mount Vernon, Somerset Co. Maryland
(Town, county, and state)

10. Usual occupation..... none

11. Industry or business

12. Name..... Fitzhugh Lee Webster

13. Birthplace..... Maryland

14. Maiden name..... Mary Louise Waller

15. Birthplace..... Maryland

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial..... 4-10-47

(Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory..... Cemetery

Location..... Princess Anne, Md.

18. Funeral director..... Dashiell Funeral Home

Address..... Princess Anne, Md.

19. April 8-1947

(Date rec'd by registrar)

John Macp. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Rural near Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 6 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 20 1947 to April 6 1947

and that I last saw h. im. alive on April 6 1947

Immediate cause of death.....

Epilepsy

Due to.....

Due to.....

Other conditions.....

Mongolian Idiocy

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Spencer Pennington Jr. M. D. or other

Address..... Cambridge, Md. Date signed..... 4/6/47

RECEIVED

APR 9 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

00998

Reg. Dist. No. 116

1. PLACE OF DEATH:
County..... Dorchester
City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 25 Years

Hospital, Institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?..... 10 days

3. (a) FULL NAME
Mary H. Willey

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... William J. Willey

7. Birth date of deceased (mo., day, yr.)..... April 14, 1873
6. (c) If alive, give age..... 89 years

8. AGE: Years..... 73 Months..... 11 Days..... 22 If less than one day
..... hrs. min.

9. Birthplace..... Lakesville, Dor. Co., Md. (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name..... Not Known
13. Birthplace..... " "

MOTHER 14. Maiden name..... Not Known
15. Birthplace..... " "

16. Informant..... Mr. Sherman Willey

Address..... Cambridge, Maryland

17. Burial..... April 9, 1947
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory..... Dorchester Memorial Park

Location..... Cambridge, Maryland

18. Funeral director..... LeCompte's Funeral Service

Address..... Cambridge, Maryland

19. April 9 - 1947 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Race St. Ext. d.
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 6, 1947 at 11:45 A.M. P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13, 1947, to April 6, 1947, and that I last saw her alive on April 6, 1947.

Immediate cause of death..... Pyogenic meningitis
Secondary to lobar pneumonia
Due to..... of Rt. l. grain DURATION
10 days

Due to.....

Other conditions..... arteriosclerotic cardiovascular disease with renal failure. (Include pregnancy within 8 months of death) 2 mo.

Major findings or operations..... none Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury..... Injured at work?

23. SIGNATURE..... Eldridge H. Dafford M.D. or other

Address..... Cambridge, Md. Date signed..... 4/8/47

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APR 11 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1342

06982

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, Institution, or street address where death occurred.

How long in hospital or institution?

3. (a) FULL NAME

Helen Mina

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female widow

6. (b) Name of husband or wife

Gloucester Mina

7. Birth date of

deceased (mo., day, yr.)

Aug 29 1881

6. (c) If alive, give age years

8. AGE:

Years Months Days

If less than one day

hrs. min.

56

9. Birthplace

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

12. Name

Jane S. Gaemth

13. Birthplace

Cambridge

14. Maiden name

Amil Gaemth

15. Birthplace

Cambridge Md

16. Informant

Rasys Mina

Address

Cambridge Md

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Chairst Rock

Location

near Cambridge

18. Funeral director

Lewind H. Banzner

Address

Cambridge Md

19.

4/81 1947

(Date rec'd by registrar)

John Mace Jr. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 7 1947

and that I last saw her alive on

March 27 1947

Immediate cause of death

Cardio-renal vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John E. Bunker

M. D. or other

Address

Cambridge Md

Date signed

RECEIVED

APR 9 1947

BUREAU F B I